

AD A102723

Although expeditious wound closure, as mentioned by the authors, and the nonspecific effect of improved general care and nutrition may, in part, be responsible for the improved survival noted, no consideration has been given to the possibility that a greater fraction of the burns of those patients treated in recent years has been superficial second-degree burn, ie, that which will heal within three weeks. Such burns, which are much less susceptible to infection and are associated with less metabolic stress and mortality, would be anticipated to have increased in patients treated at burn specialty centers as the result of regionalization of burn care and improved patterns of referral. Only a replotting of burn size at three weeks postburn will permit such an effect to be identified, and such a project should certainly be carried out during the next study.

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